

CVD/Hypertension/Diabetes TREATMENT CARD

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| NAME: | SEX: | DOB: | Date first visit: |
| Village: | Unique number: | | Treatment Supporter: |
| Ward: | Phone: | | Relationship: |
| District: | Nearest health facility: | | Telephone: |
| Treatment contract: <i>I understand that I have I agree to attend all appointments, take my medications, be active, eat healthily and stop smoking.</i> | | | |
| Patient's signature: | | Health worker's signature: | Date: |

| Date | SYMPTOMS Complications | Waist: <102cm (M) <88cm (W) | Blood Pressure <130/80 mmHg | Urine Dipstix (proteins/ketones/glucose) | Random blood Glucose <11 mmol/l | Fasting blood Glucose <6mmol/l | Additional tests (i.e. HbA _{1c} , chol, creatinine) | Disease education given? | Brief lifestyle advice given? | Education leaflet given? | Referred to health educator? | TREATMENT New drugs started, drugs stopped, side effects, advice | Date of next appointment | LIFESTYLE ADVICE Lifestyle to be addressed. Notes on progress. |
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